

Hospitalist? Internist? Who Else?

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The term “hospitalist” appeared in medicine some two decades ago or so (1). It is mainly used in the US, Canada and Australia. Hospitalists are primary care doctors, like the family doctors or generalists, but

trained to take care of hospitalized patients. They may concomitantly have other specialties as well. In the US there are about 50 000 hospitalists.

The term “internist” generally refers to doctors who possess the skills to treat patients with multi-system diseases or multiple important comorbidities concomitantly. They may work in hospitals or in ambulatory settings, but the most difficult moment is managing hospitalized patients.

The training programs for each of the cited categories is the main problem, which may be the subject of endless discussion.

These doctors have trainings for the care of patients with different organ pathologies which are often concomitantly present. They are trained to take care of fragile, often old patients. They are also trained to take the first measures for emergency situations.

The first problem appears when the patient develops a stage of the illness when surgeons or interventional doctors should intervene. These ones discuss more often with specialists in diseased organs, who have more knowledge in their field than primary care physicians.

Another question is “Who is the captain” leading the Medical Team? (3). Sometimes, he or she may be the hospitalist or the internist. But sometimes, the leader doctor becomes the one who takes care of the patient’s most dangerous illness. This doctor has to have knowledge on all the other pathologies of the patient and, of course, to work in close cooperation with the other specialist medical practitioners.

This means that, for any hospitalized patient with more than one pathology, the hospital should provide a large number of different specialists to form the “personalized medical team” for that patient. And such teams should communicate permanently. In the era of telemedicine, this could be taken into account with much care. Judging a hospitalized patient from a distance, without consulting him/her directly as often as necessary, could be sometimes dangerous.

In my mind, some solutions should exist for every hospital.

One is that, in the curriculum of training in any medical speciality, a stage of at least two years – or better three years – of serious training in internal medicine should be provided.

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Article received on the 19th of December 2023 and accepted for publication on the 20th of December 2023

Another solution is that any hospital should have at least one doctor whose main speciality is internal medicine – of course, in countries where this final speciality still exists.

The third solution is that certificate hospitalist doctors should have a curriculum as serious as that for internal medicine specialists.

There are thousands of ambulatory general practitioners all over the world. They are some-

times called “family doctors” and their general knowledge apply to many pathologies but limited to the level which may be managed in ambulatory settings.

In my opinion, much more specialists trained for general medicine – but at a level of hospital care – should be provided by the medical curriculum of any country. The speciality of internal medicine should be revived. ◻



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